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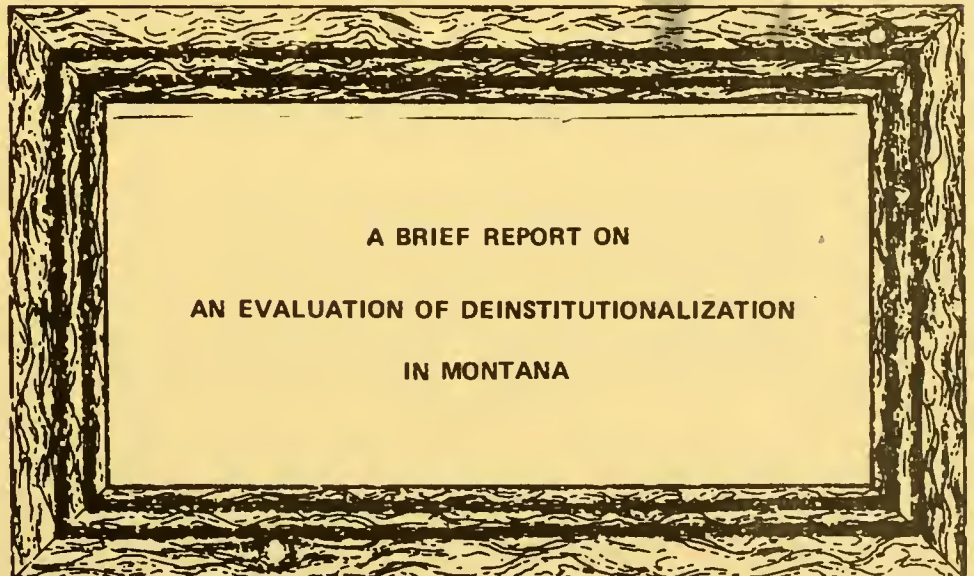
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A BRIEF REPORT ON
AN EVALUATION OF DEINSTITUTIONALIZATION
IN MONTANA*

July 15, 1977

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PRESENTED TO THE AMERICAN ASSOCIATION
ON MENTAL DEFICIENCY
NEW ORLEANS, LOUISIANA

June 1, 1977

By: Theodore H. Clack, Jr.

Introduction:

A state program to deinstitutionalize developmentally disabled (DD) persons in Montana was formally enacted in April of 1975. The impetus for the program arose from several sectors. The state institution for DD persons had implemented a smaller scale policy of deinstitutionalization in 1973. Judicial decisions and federal legislation pertinent to the rights of DD persons set the stage for similar decisions in Montana. Labor difficulties at Montana's institutions, and the necessity of mobilizing National Guard troops to man them, generated great publicity about institutional conditions. Further, ARC organizations in Montana had become increasingly strong and vocal in expressing their concern about the quality of services provided to Montana's DD citizens. Finally, the U.S. Department of Justice brought suit against Montana, alleging violation of the human rights of Montana DD citizens. These factors culminated in the passage of enabling legislation for Montana's programs of deinstitutionalization for both DD and emotionally disturbed persons.

Montana's program of deinstitutionalization of DD persons involves the Departments of Health and Environmental Sciences, Social and Rehabili-

tation Services, Institutions and the Office of Superintendent of Public Instruction. The Governor's Office of Budget and Program Planning also has been involved to some degree as a coordinating agency. Primary responsibility for program implementation is vested within the Department of Social and Rehabilitation Services. The DD program initially was given bureau status within SRS and then was advanced to divisional status. The program is organized with a core staff in the SRS central office and five subordinate regional staffs located in multi-county planning regions across the state. A state advisory council, appointed by the Governor, and five regional advisory councils also were created by the enabling legislation. The regional councils are comprised largely of persons elected from counties within each region. At least one-third of the regional council members must be consumers or representatives of consumers or consumer organizations. Those services needed by DD persons which are not directly provided by the state are purchased on a contract for service basis.

The initial appropriation to the DD deinstitutionalization program was \$3,837,297, in FY 1976. In FY 1977 this amount increased to \$6,259,443, a 63% increase. By contrast the DD institutional appropriations were \$8,930,850 in FY 1976, and \$8,038,077 in FY 1977.

In early 1976, the Office of Budget and Program Planning applied to Health, Education and Welfare for grant funds to evaluate the state's deinstitutionalization programs. The grant was awarded October 1, 1976. The evaluation project is to address four objectives. These are:

- I. To review the successes and failures of deinstitutionalization in other states;
- II. To assess the impact of deinstitutionalization on the individual in terms of individual behavior change and improvement;

III. To develop a cost effectiveness analysis of the deinstitutionalization process; and

IV. To assess the efficiency and effectiveness of deinstitutionalization programs in terms of programmatic content and general administrative considerations.

Montana's programs for both DD and emotionally disturbed persons fall within the scope of the project. The project is to conclude by October 1, 1977. A final report, including a summary volume and an executive summary are to be prepared as the project is concluded.

The remainder of this report will be devoted to discussion of the portions of the project concerned with Montana's programs for the developmentally disabled.

Method

Achievement of the project objectives was approached by means of staff work and the contracting process. Work related to Objectives II and III was arranged by contract; the remainder was to be accomplished by the Project Manager and his assistant. More specific discussion of the approach taken to each project objective appears below.

Objective I:

- A) The research assistant conducted a literature search within the relevant professional literature. With the exception of review of general publications, journal reports prior to 1970 were not reviewed.
- B) A survey schedule was developed for distribution to the other 49 states. The survey instrument focussed on determining the existence, structure and administrative arrangement of service and deinstitutionalization programs for DD clients in other states. The survey was kept brief to maximize the rate of return, yet still discover useful information. The surveys were mailed to the Governor of each state, with a cover letter from

Objective I (continued)

the Governor of Montana, requesting the assistance of each governor. Results will be tabulated to determine the existence of any trends in the structure of such programs in other states.

Objective II:

Research to determine the effects of deinstitutionalization on community placed clients was conducted under contract. The intent of this objective is to assess the effects of deinstitutionalization upon former residents of Montana's institution for the developmentally disabled. The contractors, consulting psychologists with extensive experience in testing, measurement and statistical analysis, have assessed the behavioral skills of community placed clients using testing instruments identical to those used in the pre-placement work-up on each client (Manifest and/or ABS). The consultants' study focussed on the following objectives:

1. To determine the scope and commonality of demographic, familial, medical, behavioral and other records regarding clients in the study sample. In addition, the decision process by which clients are chosen for community placement will be addressed.
2. To evaluate DD adults placed within the community, within a pre-test, post-test design.
3. To evaluate adults scheduled for community placement. Pre-release testing will be followed by post-release testing, at two six-week intervals, where time allows.
4. To evaluate children scheduled for community placement. A similar pre-test, repeated post-test design was planned.

Test results will be analyzed statistically to determine the existence of and to define behavioral trends in former institutional residents now residing in a community setting.

Objective III:

The analysis of the cost effectiveness of Montana's programs of deinstitutionalization also was done on a contractual basis. A consultant firm specializing in management and fiscal analysis was retained. Their research was to address the following objectives:

Objective III (continued)

1. To document the detailed characteristics of the process by which DD services are funded in Montana. In accomplishing this objective, the consultants were to examine
 - . state and federal policy and enabling legislation
 - . steps in the appropriations and disbursement processes
 - . cost analyses of institutional and deinstitutionalization programs
 - . criteria and administrative processes by which clients are chosen and prepared for community placement
 - . intake procedures of community programs.
2. To identify issues influencing the financing mechanism of deinstitutionalization programs.
3. To propose alternative financing mechanisms, with a focus on
 - . cost
 - . impact on clients
 - . need for statutory change
 - . need for organizational change
4. To compare the advantages and disadvantages of alternative means of financing deinstitutionalization.

Objective IV:

Program and administrative analyses of the DD deinstitutionalization program were conducted by the Project Manager. Questionnaires were developed for each primary category of personnel involved in the program: state and regional program staff, state and regional council members, social workers and non-profit service providers. Sociological sampling was used to select those to be interviewed, where the entire population was not interviewed. All state and regional staff were interviewed, about 25 percent of the population of Council members, 20% of social workers and about 70% of the service providers were interviewed. All interviews were conducted face-to-face by either the Project manager or his assistant. Questions asked focussed on determining the existence of program policies,

Objective IV (continued)

guidelines, standards, evaluation systems, and statements of the authorities and responsibilities of various parties within the program. Other questions addressed the issues of the qualifications of personnel, training opportunities and support materials.

Results:

Objective I: The literature search has been completed. Few articles were found that were relevant to the issues of program design and management and to the characteristics of successful or unsuccessful programs.

The survey of state programs netted the project about five linear feet of plans, policy statements and enabling legislation. Thirty-eight states responded to the survey. Summary of the data received is in progress. Of the states responding, only one is not engaged in deinstitutionalization of its DD citizens. Further, the vast majority of states vested the responsibility for deinstitutionalizing and providing services to DD clients within more than one department of government.

Objective II: Most data on deinstitutionalized clients have been collected. Difficulties have been met in assessing the behavior of deinstitutionalized children, due to the slow rate of their placement in community settings. This phase of the project may have to be dropped due to deadline constraints. Preliminary analysis of manifest data indicates statistically significant differences in only two behaviors as measured by the Manifest - Object Manipulation and Environmental Engagement. Clients in community settings achieved higher scores on these behaviors than they had in institutional settings.

More sophisticated statistical analysis of ABS and Manifest data is underway. Statistical techniques to be used are analysis of variance for continuous data, factor analysis or multiple regression analysis for definition of parameters and non-parametric trend analysis for discrete data.

Results (continued)

Objective III: The draft final report on the cost effectiveness of Montana's deinstitutionalization programs has been completed and reviewed. The report is a lengthy one and discusses a broad range of issues.

The report concluded that substantial deinstitutionalization has been achieved with Montana's DD population. Further, DD recidivists were found to constitute less than five percent of the deinstitutionalized DD population.

The report indicated that the deinstitutionalization program has been adequately funded (appropriated funds increased by 63% in FY 1977) and has provided services at far less cost per capita than has Montana's institution for DD persons. Average annual per capita cost for community placed DD persons was \$10,891 in FY 1977; institutional costs were \$28,257 per capita, omitting fixed capital costs. The ratio of institutional cost per capita to community cost per capita, then, is 2.59:1.

The consultants indicated that significant management problems exist within the program. There appears to be no clear consensus about the desired scope of the deinstitutionalization program. In addition, there are no specific statements of program goals and objectives. As a result, adequate and specific planning and management of the program are extremely difficult. Further, coordination between agencies providing DD services is poor and the roles of the various parties to the program remain unclear. The authors of the report noted an apparent lack of consistent management and leadership within the program and added that no one, short of the Governor, really is in control of the program.

The authors recommended steps to be taken to improve program management and accountability. They are briefly summarized as follows:

- A. specific, well-defined milestones must be set
- B. define the scope of institutional population reductions that will result in specific institutional savings, so that budgets may be adjusted accordingly

Results (continued)

Objective III (continued)

- C. retain some program funds under central control, to be used as incentives for program effectiveness
- D. allocate "incentive" funds to the program on the basis of performance.

Objective IV: Initial summary of the interview data has been completed, for all categories of respondent. An extensive amount of data was collected. A brief, general summary of the results is as follows:

- A) As noted in the report on program cost effectiveness, there is a great need for program definition and for delineation of roles, responsibilities, relationships, policies, standards and so forth. Practically all respondents in all categories expressed a great uneasiness and frustration at the lack of program specificity and direction. Practically all respondents were very uncertain of exactly what they were supposed to do and of how they were expected to do it.
- B) The lack of clarification of the relationships and authorities among the various parties to the program has created difficulties within the program. If this issue is not addressed quickly, the problems will intensify. In the absence of policy and direction, the parties within the program are assuming inappropriate roles with the partial result that adversary relationships are developing. In addition, some functions legally those of the state are being assumed by citizens' advisory councils which have neither the time and experience nor the authority to fulfill those functions.
- C) Regional program staff have been placed in the untenable position of accountability to two separate "bosses" - the Regional Advisory Councils and the state program staff. At best, this situation will lead to rapid staff turnover - at worst, to a three-part adversary relationship in which little can be accomplished.

Results (continued)

Objective IV (continued)

- D) There is no formal system for evaluating the providers of contracted services. No standards of service, evaluation systems and criteria, evaluation schedules or assignments of responsibility for evaluation have been published.
- E) Opportunities for professional training, consultation, and advancement within the system are limited. This lack is acutely felt by all parties to the program.
- F) Systems for evaluating the quality of services and the progress of clients are only now being developed. Semi-annual reviews of client progress (and, by inference, service quality) are mandatory. However, at this date, a uniform system of accomplishing such review has only just been proposed. Prior evaluations have been performed at appropriate intervals using variable approaches and essentially subjective data, according to the respondents.
- G) A formal system for tallying and tracking clients was instituted only recently.
- H) Management of the program is hindered by discontinuous lines of authority and responsibility within the responsible department. This problem was expressed by all categories of respondent.

Summary

This project was undertaken to identify and discuss the strengths and weaknesses of Montana's program to deinstitutionalize DD persons. The intention of that program is to provide appropriate services to DD persons in the least restrictive environment and to prevent inappropriate institutionalization of such persons. A commitment to the concept of normalization is implicit (though not explicit) in the program.

Summary (continued)

Due to the absence of operating systems to track clients and monitor their progress and to monitor and evaluate contracted services, it is difficult to discuss program successes with the support of objective data. Operating on the subjective impressions of those who work daily with program clients, of Regional Advisory Council members and of my own impressions of clients with whom I worked in the past, it is possible to contend that the program has been successful. To date, the only objective information that has been compiled to support the contention is that of consultants to this project. Their results were briefly discussed above - in short, the community programs are doing at least as good a job as the institutional program. The institutional program, incidentally, is considered much improved and more sophisticated in its training approach by psychological consultants to this project. Further, the community programs are providing services at a cost that is forty percent that of the institutional program.

A number of significant management weaknesses have been noted in the program, and are discussed above. It is the author's contention that these weaknesses, if not soon corrected, may destroy the effectiveness of the program. At present, the community program is functioning largely through the commitment and idealism of those involved in it and, of course, a liberal dose of funds. Before that commitment and idealism is lost, well planned management and monitoring systems must be developed to sustain those who stay with the program and to guide those who enter it.

Summary (continued)

The final results of all aspects of this project have not yet been received. The final results of the behavioral analyses of deinstitutionalized DD clients will be most interesting. A final report of this project will be completed late in 1977. Copies of the executive summary of that report will be available from the Deinstitutionalization Evaluation Project, Office of Budget and Program Planning.

